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		(Department, bureau, or establishment)	÷ .	. f	SAPC 10	PAID BY		
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HE UNITED S	STATES, Dr.,	Payee's Account No. 1						
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No. and Date of		ARTICLES OR SERVICES			UNIT PRI	CE AMOUN	AMOUNT	
Order	Date of Delivery or Service	(Enter description, item number of contract schedule, and other information deeme Discount Terms	or Federal supply d necessary)	QUANTITY	1	Per Dollars	C	
				-			-	
		Cost				\$8,210.	85	
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ertify that the a	bove bill is correct	and just and that payment has not been received.	ŀ	yee must NOT	_			
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d by Check No	. ld, 6.29, b. !.	, 1/3.2, 101	Payee		favor of pay	ee named above.		

		(Department, bureau, or establishment) Sheet No		oj Darcaa	Voucher No. 50
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRI	ICE AMOUNT
		SYSTEM 3 CONFIDENTIAL PAYROLL			
		Direct abor Costs properly chargeable to Contract AlOl for the period 7/25/55 thru 7/31/55.			
		Week Ending 7/31/55			\$ 3,219.
					4,990.
		STATOTHR			\$ 8,210.
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